

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LICENSE  
 FOR  
 REINSTATEMENT OF LICENSE  
 DIVISION OF CORPORATIONS

FILED IN DEPARTMENT OF STATE  
 Gloucester, Mass.  
 Secretary of State  
 DIVISION OF CORPORATIONS

**L0100001721**

**FILED**

03 DEC 17 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017219

Name and Mailing Address

0014457 01 AT 0.292 \*\*AUTO T2 0 0615 34108-285699

**XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX**

BAYRIDGE VETERINARY HOSPITAL, L.L.C.

7700 TRAIL BLVD

NAPLES FL 34108-2856



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/04/2001	
Principal Place of Business 7700 TRAIL BLVD NAPLES FL 34108	3. New Principal Place of Business Address  City, State, Zip		6. FEI Number 59-3759434  Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent  BAVIELLO, MICHAEL A JR. 1025 FIFTH AVENUE NORTH NAPLES FL 34102		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent		SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date 12/12/2003	
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	COOPER, LISA A	8023 SIMEON WAY	NAPLES FL 34109
MGRM	THEISS, BRIAN F	811-C MEADOWLAND DR	NAPLES FL 34108
		900025562089 12/17/03-01061-009 **150.00	
		REINSTATEMENT 2003	
		M THOMAS	

CR2E084 (7/03)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manage

Date 12-9-03 Daytime Phone # 234-596-1221

Typed or printed name of signing Managing Member/Manager